Lessons Learned During Adherence Club Implementation

The Witkoppen Experience

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JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

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Adherence Clubs

- RCT comparing RIC and viral suppression of clinic-based vs. community based clubs
- 12 pairs (24 clubs), 770 participants
- Patients randomized into clinic or community clubs
- Acceptability study nested with main study
  - Acceptability questionnaire for all at 12 & 24 months
  - In-depth interviews with selected participants

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Implementation – General Considerations

- Facility readiness
  - Buy in from facility staff
  - Infrastructure: Adequate filing, booking systems; space; scripting, prepacking and dispensing capacity
- Recruitment efforts
  - Structured recruitment process to ensure eligible patients synchronized into clubs

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Community Based Clubs - Implementation

- Community stakeholders buy in
  - Diepsloot stakeholder meeting
  - CAF meeting
- Venue
  - Selection criteria – spacious, easily accessible, multi-purpose, free
  - Within walking distance or easily accessible with public transport
  - Venues include church, multi-purpose hall, DoSD halls, NGO facilities
  - MOUs with all partners
  - All venues work well currently

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Community-Based Clubs - Challenges

- Transport of medication, personnel, blood (cold chain)
  - Facilitator with driver's license
  - Car
  - Visits structured such that bloods drawn at end of club
- Pre-packed medication – avoiding distribution of incorrect medication
  - 2 tier system of checking correct medication prepacked and delivered
- Referrals of positive medical screens
  - Facilitator drives cases needing immediate attention to clinic
  - Other cases referred
- Annual medical visits
  - Performed at facility

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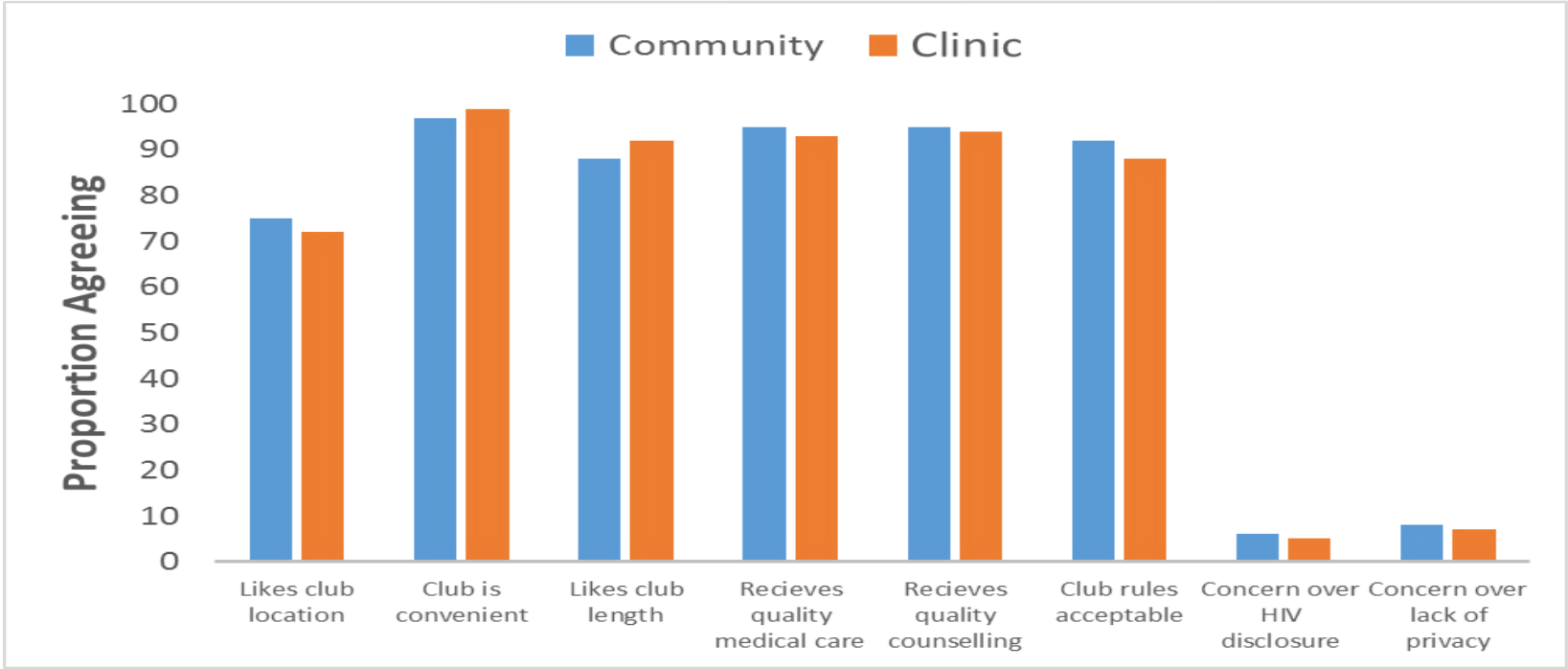
Acceptability Sub-study (590 Questionnaires)



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Conclusions

- Clubs preferred alternative to standard clinic care
- Satisfaction is similar by club location
- Concerns over lack of privacy, HIV disclosure and personal safety were low
- Community-based clubs face more logistical challenges
- Planning and design should be individualised and flexible
- Further evidence on clinical outcomes by adherence club location are needed to inform implementation and scale-up

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